PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
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Under the Pape	rwork Reduction Act of	1995, no person are i	required to	respond to a collection of information unless it displays a valid OMB control number.								
Fees pursuant to the	Complete if Known           Application Number         10/591,173-Conf. #6041											
·			August 30, 2006									
FEE	9 =			azutomi MORI								
	T WOLLT VALUE OF THE PARTY OF T		P. T. Nguyen	<b>1</b>								
Applicant c	Art Unit 2817											
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 200.00				Attorney Docket No. 1163-0581PUS1								
			7 Montey Booker									
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP												
For the ab	ove-identified dep	osit account, the D	Director is	hereby authorize	d to: (che	ck all that apply)						
x Cha	rge fee(s) indicate	d below		Charge	e fee(s) in	dicated below, <b>ex</b>	cept for t	he filing fee				
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17												
FEE CALCULA	TION											
1. BASIC FILING,	SEARCH, AND E	XAMINATION FE	ES									
	FI	LING FEES	SE	ARCH FEES	EXAMII	NATION FEES		·				
Application Typ	e Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity ) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees I	Paid (\$)				
Utility	310	155	510	255	210	105						
Design	210	105	100	50	130	65	·					
Plant	210	105	310	155	160	80						
Reissue	310	155	510	255	620	310						
Provisional	210	105	0	0	0	0						
2. EXCESS CLAII		105	Ū	v	Ū	· ·	-	Small Entity				
Fee Description	VI FEE3						Fee (\$)	Fee (\$)				
Each claim over 2	0 (including Reiss	sues)					50	25				
Each independent	, -						210	105				
Multiple depende	nt claims						370	185				
Total Claims	Extra Claims	Fee (\$)	Fee I	Paid (\$)	<u>M</u>	ultiple Depende	nt Claims					
24 -2	0 = 4	x 50.00 =	20	0.00	<u>F</u>	<u>ee (\$)</u> F	ee Paid (S	<u>s)</u> .				
HP = highest numbe	r of total claims paid for	r, if greater than 20.						_				
Indep. Claims	Extra Claims	Fee (\$)	Fee I	Paid (\$)								
33	3 =0	× <u>210.00</u> = _	0	.00								
HP = highest numbe	r of independent claims	s paid for, if greater the	an 3.									
3. APPLICATION												
If the specification	on and drawings e. 37 CFR 1.52(e)),	xceed 100 sheets	of paper	(excluding electrons in \$260 (\$120 f	onically fi	iled sequence or o	computer	^				
	tion thereof. See 3				oi siliali c	ininy) for each ac	iditional 3	U				
Total Sheets	Extra Shee	, . ,		dditional 50 or frac	tion there	of Fee (\$)	Fee	Paid (\$)				
	- 100 =											
4. OTHER FEE(S)							Fees	Paid (\$)				
Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing surcharge):												
SUBMITTED BY												
Signature	11.0	Munit	5875	Registration No.	29,680	Telephone	(703) 20	5-8000				
Name (Print/Type) Michael K. Mutter							Date September 16, 2008					
( , / - /							- 1	,				

AMEN	Docket No. 1163-0581PUS1												
Application No. 10/591,173-Conf. #6041		Filing	1	Examiner P. T. Nguye	'n	Art Unit 2817							
10/591,173-Conf. #6041   August 30, 2006   P. T. Nguyen 2817  Applicant(s): Kazutomi MORI et al.													
Invention: HIGH-POWER AMPLIFIER													
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450													
	Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.												
CLAIMS AS AMENDED													
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate									
Total Claims	24	- 20 =	4	x 50.00		200.00							
Independent Claims	3	- 3 =	0	x 210.00		0.00							
Multiple Depend	lent Claims (ch	eck if applicabl	e)	:									
Other fee (pleas	e specify):												
TOTAL ADDIT			200.00										
x Large Entity Small Entity													
No additional fee is required for this amendment.													
X   Please charge Deposit Account No02-2448 in the amount of \$00.00 A duplicate copy of this sheet is enclosed.													
A check in th	A check in the amount of \$ is enclosed.												
Payment by	credit card. Fo	orm PTO-2038	is attached.										
The Director is hereby authorized to charge and credit Deposit Account No02-2448 as described below. A duplicate copy of this sheet is enclosed.													
x Credit any overpayment.													
x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.													
p Acic May # 58,755 Dated: September 16, 2008													
Michael K. Mutt Attorney Reg. N				***************************************									
BIRCH, STEW/ 8110 Gatehous Suite 100 East P.O. Box 747 Falls Church, V (703) 205-8000	ART, KOLASC e Road irginia 22040-		_P										